

the astragalus was rotated in the latter direction; and in Mr. Turner's it was rotated on its antero-posterior axis outwards, the superior articular surface presenting at the wound. In the case just read the bone had made a quarter of a revolution inwards, Professor Williams said he need not dwell upon the mechanism of the various rotations of the astragalus in dislocation; for whether the rotation was partial or complete; whether on the antero-posterior or transverse axis; or whether it occurred in dislocation forwards or backwards, the mode of its production was analogous in each case, and explicable on the same principles. But the recognition of the existence of such a rotation was of great importance, for when it existed to any considerable extent, Professor Williams thought it rendered reduction impracticable. Now, the outlines of the astragalus are so well marked and recognizable by the touch, and the exact position was so clearly made out in this case of dislocation *backwards*, where the soft parts covering the displaced bone are so much thicker than in dislocation forwards, that he could not but think the existence and extent or non-existence of rotation could be easily determined, at all events in most cases, and especially in anterior dislocation; and thus an important guide as to the treatment to be adopted would be obtained.

The notes of the case were illustrated by a cast, showing the appearance of the ankle and foot on the day the patient was admitted into the hospital, and by a drawing and coloured wax cast, taken by Dr. Alexander Carte, exhibiting the position of the astragalus, and the condition of the surrounding soft parts on the day the astragalus was removed.

Mr. Tufnell has in his possession a cast of the patient's foot in his present condition, and perhaps he would have no objection to exhibit it to the Society at their next meeting.

Mr. TUFNELL.—I will be able, I think, to do more than that, for I may possibly be able to bring you the man himself. I met him the other day in the street when he was walking with one stick; he formerly required two, but latterly he said he had discontinued one of them. I asked him whether he was able to carry a basket on his arm and to work for his living, and he replied that he could not. Now, this is an important point to bear in mind.

Professor WILLIAMS.—I have no hesitation in saying that on several points the treatment of dislocation of the astragalus requires to be very carefully reviewed, and that Mr. Turner's statistics are not sufficiently extended to justify some of the conclusions which have been drawn from them. I have myself collected a considerable number of cases in addition to those that are reported in his work, and I hope on some future occasion to bring the subject at greater length under the notice of this Society. As regards the question of leaving the bone *in situ*, this much is to be said, that if authority deserves to have any weight, we have in favour of doing so the great names of Sir Astley Cooper, Dupuytren, and other surgeons of eminence, who did so even in some cases where it was anticipated that the parts covering the bone were likely to slough.

—*Dublin Medical Press*, April 4, 1855.

OPHTHALMOLOGY.

58. *Protrusion of the Eyeballs, with Enlargement of the Thyroid Gland and Anæmic Palpitation.* By JAMES BEGKIE, M. D.—J. K., aged 32, by occupation a gentleman's servant, many years ago had a fall from horseback, by which he sustained a severe wound on the occiput, from which a profuse and continued hemorrhage took place. He has never been quite well since that occurrence. In the beginning of 1845, he suffered from bilious fever, and made a slow and imperfect recovery. In August, 1851, had an attack of jaundice, which continued more or less for a whole year; and during its progress the symptoms which first attracted attention in connection with the present history developed themselves. For more than a twelvemonth he has been subject to palpitation, breathlessness,

and giddiness. These symptoms were soon followed by enlargement of the thyroid gland, and by increased prominence and distension of the eyeballs, so as to give him a remarkable appearance of staring, which was noticed by all his friends.

In the spring of 1853, he first came under my observation. He was a man of middle size and well formed. His countenance was pallid and sickly; but under excitement, either mental or bodily, his face quickly flushed, and his manner became nervous and embarrassed. At all times, but especially under excitement, the action of the heart was forcible and rapid, and this action was communicated to the vessels of the neck and head. The eyeballs were enlarged and prominent, presenting the appearance of great distension. The thyroid gland was also much enlarged throughout its whole body, varying in size according to the force of the heart's action. This enlargement was accompanied by a strong pulsation over the tumour, and in the vessels of the neck; and a peculiar thrill was felt, and a loud murmur heard, over the whole extent of the gland. The action of the heart was violent and jerking; and a loud bellows murmur attended the first sound, and was heard most distinctly over the region of the aortic valves. In a state of quiet and rest these symptoms became moderated, and the patient was able to continue his domestic service, in the enjoyment of comparative health. He was directed to take persistently for months the milder preparations of iron, and to use a diet chiefly of animal food. Under this plan he improved in health, and all his more urgent symptoms subsided by degrees. In the autumn of 1853 he went to England, and continued, I understand, to improve in health; but I lost sight of him at this time. Early in the spring of 1854, he had engaged to accompany a distinguished officer to the Crimea, as his body-servant. Before the time arrived, however, when he was to have entered on his duties, he was, after exposure to cold and fatigue, seized with inflammation of the chest, and obliged to relinquish the undertaking. His illness was severe and continued, and he never recovered from it. It appears to have aggravated greatly the peculiar symptoms under which he had so long laboured, and complicated the aspect of his case. He was able to return to Scotland, however, and in March, 1854, he again, after an interval of several months, came under my notice. At this time, he had enlargement of the liver, with jaundice, and the signs of organic disease of the heart, accompanied with general dropsy. His eyes were still prominent, and the thyroid gland enlarged, but neither of these now maintained the striking character which they possessed previously to his leaving Scotland. No remedy was of any avail, and he sank, on the 28th of March, worn out with the sufferings of complicated disease in the thorax and abdomen. The body was opened on the 30th by Mr. Johnston, in presence of Drs. W. T. Gairdner and Warburton Begbie, and myself.

Section Cadaveris.—March 30, 4 P. M. Body of a moderately stout and middle-sized man. The linens in which the body was shrouded were in many parts (as the neck, axilla, scrotum and legs) quite soaked with serous fluid exuded from the body. The cuticle was in many parts loose and easily detached from the *cutis vera*, and in every organ of the body examined, signs of decomposition were generally met with—frequently so marked as to obscure the proper pathological conditions.

The subcutaneous tissue, and indeed the cellular tissue generally, contained very little fat, and was in every part more or less infiltrated with serum.

On opening the thorax, the *pericardium* was found of large size, and overlapped, at its sides only, by the margins of the lungs. It contained about six ounces of a transparent yellow-coloured fluid. Upon the anterior surface of the heart, near to its base, a “milky spot” was observed, about the size of a florin-piece, and another upon the opposite surface of the pericardium.

All the cavities of the *heart* were filled with dark-coloured blood in a more than usually fluid condition; one well-formed decolorized clot was found in the right ventricle. The heart was large (might have weighed 16 oz.), soft, and flaccid. All its chambers, but more especially the *ventricles*, were considerably dilated; the tricuspid orifice admitted *four* fingers, the mitral *three*. The tricuspid and mitral valves were large, but otherwise normal; the sigmoid valves were also normal. The *vena cava* inferior was unusually large; and the aorta was

small when compared with the size of the pulmonary artery. The endocardium and inner surface of the aorta were stained of a deep red colour.

Both *pleurae* contained turbid fluid of a dark red colour, computed at about eight or ten ounces in each. The posterior surface of the upper lobe of the *right* lung was firmly adherent to the costal pleura by strong short bands of lymph. The lower lobe of this lung was crepitant, and infiltrated with bloody serum; the posterior part of the upper lobe was condensed, non-crepitant, and friable, as if hepatized; but the advanced state of decomposition in which it was, prevented a decided opinion being formed concerning it. The left lung was crepitant, with the exception of its posterior part; and from the surface of a section a considerable quantity of bloody serosity was readily expressed.

The sterno-hyoid and sterno-thyroid muscles were much thinner and broader than natural, from being stretched over the thyroid body, which were of large size. The external jugular vein was normal; the internal jugulars were large—the left one, when slit open, measured an inch and a half across at a level with the ericoid cartilage. The thyroid body was of large size, but was not weighed; its weight may, however, be computed at being four or five times greater than natural. Each lateral lobe measured an inch and a half in breadth, and was of a corresponding thickness. This great increase in size was not partial but general, and although the *isthmus* was comparatively larger than the lateral lobes, there was complete symmetry of both sides. It was of a dusky-red colour, smooth, and well-defined, and slightly irregular on its anterior surface, but still retained the natural convex and semi-lunar form of the organ when in a state of health.

The peritoneum contained about a pint and a half, or two pints, of a clear fluid, tinged of a bright yellow. The *spleen* was enlarged in all its diameters, and was computed to weigh about twenty ounces. It was of very firm consistency, and on section presented the trabeculae well-marked, and also the Malpighian bodies, which were of an opaque yellowish-white appearance. The *kidneys* were both very large and very soft. The cortical was to the medullary substance, relatively, increased in amount, and the great size of both organs seemed to arise from this circumstance; otherwise their actual pathological condition could not be ascertained on account of the advanced state of decomposition which they were in. The *liver* was certainly not enlarged, perhaps rather small; its surface was somewhat irregular, slightly and superficially fissured at points; no rounded nodules, however (as of cirrhosis), could be observed. On section, the tissue was (considering the decomposed state of all the organs) rather hard and dense, and seemed partially atrophied; its colour was deep-orange, and in some places there was an approach to "nutmeg" congestion.

This case presents a well-marked example of the disease first described by Dr. Graves, of Dublin, and afterwards noticed by Sir Henry Marsh, Dr. Stokes, and other Irish physicians; and whose true pathological character was, I believe, first pointed out by me in a paper read to the Medico-Chirurgical Society of Edinburgh, in January, 1849, and subsequently published in the *Monthly Journal of Medical Science*. The affection has since been illustrated by Romberg and Henoeh, and other German physicians, and has attracted the notice of some of our best writers on diseases of the eye. The history is interesting, as having occurred in a male, the cases on record, with few exceptions, having been seen in females. It is more particularly interesting as affording an opportunity of examining the morbid appearances after death, the only record of which that has yet appeared being that communicated to the Pathological Society of Dublin by Sir H. Marsh, and by Basedow in Germany. In the case now related, as well as in that of a lady who had long laboured under this peculiar affection, and in whom it proved fatal also, by supervening pneumonia (the only instances which have occurred to myself of instituting *post-mortem* examinations), there exists a remarkable similarity in the chief morbid appearances with those described by Sir H. Marsh. These appearances chiefly consist in the very fluid state of the blood found in the heart and great vessels, in the dilatation of the cavities of the heart, and of the venous trunks, in the enlargement of the spleen and disease of the liver, and in serous effusion into the different cavities, the result of vascular obstruction.

Since the publication of the three cases related by me in 1849, I have, through the kindness of my professional brethren, seen many additional examples of this affection, a large proportion of which have gradually undergone a cure, while the remainder have benefited, or are now benefiting, by the use of iron, animal food, and fresh air. It is of great consequence to impress those suffering from this affection with the belief of its curable nature, and to urge upon them the persistent employment of the means of restoring the red particles of the impoverished blood, and improving the general health; for we have now examples before us to show that the neglect of these rules must lead, from functional disorder of the heart, to dilatation of its cavities, and to the usual train of consequences resulting from such a morbid change.

The more extended our experience of the phenomena constituting this peculiar affection becomes, the more convinced shall we be that the point of departure from health is not in the heart itself, but in the impoverished condition of the blood, which, after a time, affects the heart and vessels functionally, and, by long continuance, involves them ultimately in fatal organic change.—*Edinburgh Medical and Surgical Journal*, April, 1855.

59. *Affection of the Heart, Thyroid Gland, and Eyeballs.* By Drs. ROMBERG and HENOCH, of Berlin.—This disease, to which attention has been drawn by Marsh, Begbie, Cooper, &c., in Great Britain, seems also to be well known in Germany, and many examples of it have been observed by Pauli, Brueck, Basedow, and lastly by the authors whose interesting paper we have now before us—Romberg and Henoch. Though differing in regard to the etiology of the disease as a whole, and disagreeing to a certain extent in the account given of the rise and occasion of its individual symptoms; still, in the descriptions of all the writers now named, there exists so remarkable a uniformity, as to satisfy us of the identity of the disease which each has observed.

We shall, in the first place, make our readers acquainted with some of the cases in an abridged form, and the remarks of Romberg and Henoch, and then add a few observations of our own, which the perusal of the former have called forth.

Case 1.—A. S., aged fourteen, who had never menstruated, was treated, in the clinical ward, for anæmia, and cured by a preparation of iron. In October, 1849, she again became a patient, her former disease having returned. At that time, the extraordinary paleness of her skin revealed her anæmic condition. The right lobe of the thyroid was swollen, and the jugular vessels were seen pulsating. The anæmic sound was clearly audible in the neck. There was the evidence of an enlargement of the heart, and its first sound was at the base accompanied by a bellows murmur. The patient suffered from dyspnoea, increased by motion and from great weariness. The bowels were irregular. On the 12th November she was ordered to take iron, which, with a short interruption, she continued to do till January, 1850. At that date, a decided improvement in her whole system was visible.

Case 2.—A girl of eighteen, who had first menstruated a year previously, began to complain of violent palpitation and uneasiness in the region of the heart, brought on chiefly by exertion, especially in ascending stairs. At the same time, a swelling had appeared in the front of the neck, and at times she expectorated blood. The diagnosis, after examination of the heart, was that something more than functional disorder existed, and that valvular disease was present. In this patient, as in the former one, the enlargement of the thyroid and the affection of the heart existed, but the eyes were not implicated. She differed from the former case in not presenting an anæmic appearance.

Case 3.—Mrs. R., aged forty-seven, subject for many years to numerous hysterical complaints, was admitted into the Clinic May 18, 1849. She complained especially of violent palpitation of the heart, and consequent agitation. During the attacks of palpitation she experienced a feeling of tightness in the throat, and a glimmering before the eyes. The thyroid was evidently enlarged, particularly in its right lobe, and in it she experienced a sense of pulsation and of pain during the occurrence of the palpitation. Then, also, the eyes became unusually large, and appeared starting from their sockets in such a manner as